

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-876

Application or Docket Number

10/801302

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OTHER THAN
SMALL ENTITY

DR	RATE	FEES
		135.00
X	25.	
X	100.	
	+ 180.	
TOTAL		

DR	RATE	FEES
		122.00
X	150.	
X	200.	
	+ 300.	
TOTAL		

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAINS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))	28	Minus	28		
Independent (37 CFR 1.16(b))	4	Minus	4		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

SMALL ENTITY

OTHER THAN
SMALL ENTITY

DR	RATE	ADDI- TIONAL FEE
X	25	
X	100	
	+ 180	
TOTAL ADDL FEE		

DR	RATE	ADDI- TIONAL FEE
	x 50	
	x 200	
	+ 300	
TOTAL ADDL FEE		

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAINS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))	28	Minus	28		
Independent (37 CFR 1.16(b))	4	Minus	4		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

DR	RATE	ADDI- TIONAL FEE
X	1	
X	5	
	+ 1	
TOTAL ADDL FEE		

DR	RATE	ADDI- TIONAL FEE
	x 5	
	x 1	
	+ 1	
TOTAL ADDL FEE		

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
	CLAINS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))		Minus	28		
Independent (37 CFR 1.16(b))		Minus	4		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

DR	RATE	ADDI- TIONAL FEE
X	1	
X	5	
	+ 1	
TOTAL ADDL FEE		

DR	RATE	ADDI- TIONAL FEE
	x 5	
	x 1	
	+ 1	
TOTAL ADDL FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "1".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 7.